

PARTICIPANT TYPE.....PREGNANT, BREASTFEEDING, DELIVERED WOMEN
HIGH RISK.....No

RISK DESCRIPTION:

Conception at ≤ 17 years of age

- Pregnant Women: current pregnancy
- Breastfeeding and Delivered Women: most recent pregnancy

Note: Because actual date of conception is difficult to determine, the applicant's age at the last menstrual period may be used to determine conception before her 18th birthday.

ASK ABOUT:

- Age at menarche or gynecological age (gynecological age = chronological age – age at menarche). A gynecological age of <2 indicates that she is likely to still be growing.
- Pre-pregnancy weight and weight gain pattern
- Knowledge about pregnancy weight gain and attitude towards gaining weight
- Common problems of pregnancy affecting appetite and intake (nausea, vomiting, heartburn) and her coping strategies
- Physical activity level
- Appetite and typical meal and snack pattern
- Medical conditions (including pica, depression, history of disordered eating or chronic dieting, severe dental caries), medications that may affect appetite, and recent illnesses
- Access to prenatal care and whether she has been keeping her appointments
- Household and family environment including financial and emotional stresses; attitude and acceptance about the pregnancy; support from partner; domestic abuse or assault from partner; support in obtaining adequate food resources
- Smoking and other substance use or abuse

NUTRITION COUNSELING/EDUCATION TOPICS:

- Pregnant Adolescents:
 - Pregnant adolescents have increased nutrient needs that are superimposed on the nutritional needs associated with normal growth and maturation.
 - Pregnant adolescents often have concerns about body weight and body image that affect their understanding of the need to gain weight and their willingness to gain weight. Many adolescents are underweight before pregnancy making intake and weight gain even more important for a positive pregnancy outcome.

Revised January 2011

Developed February 2008 by the Iowa WIC Program

NUTRITION COUNSELING/EDUCATION TOPICS (CON'T):

- Discuss an appropriate weight gain goal based on her pre-pregnancy BMI. Explain that an adequate weight during the 2nd and 3rd trimesters is an important factor in having a healthy baby.
- Review the basics of a healthy pregnancy diet using MyPyramid as a guide. Make appropriate suggestions based on her typical eating pattern such as:
 - Eat an adequate number of servings and amounts from each group (aiming for the higher end of the range of recommended servings or amounts).
 - Replacing empty-calorie foods and drinks with nutrient-dense foods and beverages.
 - Emphasize strategies to obtain an adequate calcium intake since bone density continues to increase into the early 20s.
 - Eat small meals and often (five or six smaller meals rather than two or three large meals).
- Explore additional strategies for dealing with common problems of pregnancy that affect her appetite and food intake.
- If she seems reluctant to gain weight, remind her that the weight gain is for more than the baby's weight. Some of the weight gain is due to increased maternal blood volume, breast tissue, fat stores, and amniotic fluid.
- Breastfeeding and Delivered Adolescents:
 - Provide realistic and health-promoting advice about returning to a healthy weight or BMI including a healthy balanced diet and moderate levels of physical activity (based on physician approval).
 - Review the basics of a healthy diet based on MyPyramid and make appropriate suggestions such as:
 - Eat appropriate serving sizes and servings from each group.
 - Eat fewer empty-calorie foods/drinks and more nutrient-dense foods/drinks.
 - Consume calcium-rich foods.
 - Emphasize the importance of taking care of herself, including healthy food choices, so that she can be strong and healthy to care for her baby.
 - Identify nutrient-dense foods that she can prepare quickly and easily.
 - Provide praise and support for choosing to breastfeeding her baby.

POSSIBLE REFERRALS:

- If she is not receiving prenatal care or routine postpartum care or is not keeping her appointments, refer her to primary care providers in the community, the Optimal Pregnancy Outcome Program (OPOP) (<http://www.ndhealth.gov/opop/>), or the local public health department.
- If access to sufficient food is a concern, refer to other food assistance programs such as SNAP, local food pantry, etc.

POSSIBLE REFERRALS (CON'T):

- If oral health status is affecting her ability to consume an adequate diet, refer to a local dental office, the local public health department (public health hygienists) or Health Tracks (if on medical assistance) for additional screening and referral. More information about oral health services in ND can be found at <http://www.ndhealth.gov/oralhealth/>.
- If the household and family situation is so stressful that it affects her ability to care for herself and consume a healthy diet, refer her to the Optimal Pregnancy Outcome Program (OPOP) (<http://www.ndhealth.gov/opop/>) or a social services agency.
- If she reports domestic violence or assault, refer her to community resources for help and assistance in securing a safe place to live.
- If substance use or abuse is a concern, refer her to community resources and treatment centers.
- If she needs information about birth control options, refer her to the local family planning program (<http://www.ndhealth.gov/family-planning/>) or her primary care provider. Remind her to share if she is breastfeeding so that methods compatible with breastfeeding are recommended.
- Breastfeeding Adolescents:
 - If she is breastfeeding and returning to school, advocate on her behalf for accommodations that allow her to continue breastfeeding.
 - If she could benefit from peer support, refer her to the peer counseling program or other community-based breastfeeding support program.
 - If she needs a breast pump, provide access to an electric pump based on WIC policies.